

STATEMENT OF THE CONDITION OF _____
(Legal title of Industrial Authority)

of _____ in the State of Indiana, at close of business on
_____, 20_____.

ASSETS			
1	Loans and Discounts	Million	Thousand
	b. Less: Reserve for possible loan losses		
	c. Loans Net		
2	United State Government Obligation		
3	Other Bonds and Securities		
4	Certificates and Deposits		
5	Cash on Hand and Due from Banks		
6	Real Estate used in business		
7	Furniture & Fixtures etc		
8	Other Real Estate		
9	Pre-Paid Expenses		
10	Accounts Receivable		
11	Deferred Charges		
12	Other Assets (Itemize)		
13	TOTAL ASSETS		

LIABILITIES			
		Million	Thousand
14	Unhypothecated certificates of Investment		
15	Notes Payable		
16	Accounts Payable		
17	Unearned Discount		
18	Accrued Expenses		
19	Dealers Reserves		
20	Reserve for Taxes, Interest, etc.		
21	Other Liabilities (Itemize)		
22	TOTAL LIABILITIES		

CAPITAL ACCOUNTS			
		Million	Thousand
23	Subordinated notes and debentures		
24	Preferred stock (Number shares outstanding _____ Par Value		
25	Common stock (Number shares authorized _____ Number shares outstanding _____ Par Value		
26	Surplus		
27	Undivided Profits		
28	Surplus Reserve		
29	TOTAL CAPITAL ACCOUNT		
30	TOTAL LIABILITIES AND CAPITAL ACCOUNT		

MEMORANDA			
		Million	Thousand
31	Unhypothecated Certificates of Investment of \$100,000.00 or more:		
	a. Certificates of Investment in denominations of \$100,000.00 or more		
	b. Other passbook accounts in denominations of \$100,000.00 or more		

(SWEAR)

I, _____ of the above authority do solemnly (AFFIRM)
That this report of condition is true and correct, to the best of my knowledge and belief.

Correct-Attest: _____
Signature of Officer authorized to sign report

State of _____ County of _____, ss

Sworn to and subscribed before me this _____ day of _____, 20____

My commission expires _____ Notary Public

CONSOLIDATED REPORT OF INCOME
(DOLLAR AMOUNT IN THOUSANDS)
(INCLUDING DOMESTIC SUBSIDIARIES)

LEGAL TITLE OF INDUSTRIAL AUTHORITY

CITY	COUNTY	STATE	ZIP CODE
------	--------	-------	----------

AUTHORITY NUMBER	FEDERAL RESERVE DISTRICT NUMBER	REPORTING PERIOD – JANUARY 1 TO (MONTH, DAY, YEAR)
------------------	------------------------------------	---

SECTION A – SOURCES AND DISPOSITION OF INCOME		Million	Thousand
1	OPERATING INCOME:		
a.	Interest and fees on loans		
b.	Interest on balance with depository institutions		
c.	Income on Federal funds sold and securities purchased under agreement to resell		
d.	Interest on U.S. Treasury securities and on obligations of other U.S. Government agencies and corporations		
e.	Interest on obligations of States and political subdivisions in the U.S.		
f.	Income from all other securities		
g.	Income from lease financing		
h.	Income from fiduciary activities		
i.	Service charges on deposit accounts		
j.	Other service charges, commissions, and fees		
k.	Other operating income		
l.	TOTAL OPERATING INCOME (sum of items 1a thru 1k		

2. OPERATING EXPENSES		Million	Thousand
a.	Salaries and employee benefits		
b.	Interest on Unhypothecated certificates of investment over \$100.000		
c.	Interest on other deposits		
d.	Advertising expenses		
e.	Interest on demand notes (note balance) issued to the U.S. Treasury and on other borrowed money		
f.	Interest on subordinated notes and debentures		
g.	Occupancy expense of bank premises, Net, and furniture and equipment expense		
h.	Provision for possible loan losses		
i.	Other operating expenses		
j.	TOTAL OPERATING EXPENSES (sum of items 2a thru 2i)		
3.	INCOME BEFORE INCOME TAXES AND SECURITIES GAINS OR LOSSES (item 11 minus 2j)		
4.	APPLICABLE INCOME TAXES		
5.	INCOME BEFORE SECURITIES GAINS OR LOSSES (item 3 minus 4)		
6. a	SECURITIES GAINS (losses), GROSS		
b.	APPLICABLE INCOME TAXES		
c.	SECURITIES GAINS (losses), NET		
7.	NET INCOME (items 5 plus or minus 6c)		
	Or		
7.	INCOME BEFORE EXTRAORDINARY ITEMS		
8.	EXTRAORDINARY ITEMS, NET OF TAX EFFECT (from Section f)		
9.	NET INCOME (item 7 plus or minus 8)		

I / We, the undersigned officer(s), hereby certify that this Report of Income (including the information in the supporting schedules) is true and correct to the best of my knowledge and belief.

NAME AND TITLE OF OFFICER(S) AUTHORIZED TO SIGN REPORT	AREA CODE/TELEPHONE NUMBER
SIGNATURE OF OFFICER(S) AUTHORIZED TO SIGN REPORT	DATE SIGNED